


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 31, 2004 8:00 am**  
**Secretary of State**

08-31-2004 90031 035 \*\*\*\*50.00

<b>DOCUMENT # L03000034661</b>	
1. Entity Name <b>DOWN SOUTH, LLC</b>	

Principal Place of Business <b>2665 SOUTH BAYSHORE DRIVE, SUITE 200 GRAND BAY PLAZA MIAMI, FL 33133</b>	Mailing Address <b>2665 SOUTH BAYSHORE DRIVE, SUITE 200 GRAND BAY PLAZA MIAMI, FL 33133</b>
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2. Principal Place of Business <b>2950 SW 27th Ave Suite, Apt. #, etc. <b>Suite 300</b> City &amp; State <b>miami, FL</b> Zip <b>33133</b> Country <b>USA</b></b>	3. Mailing Address <b>2950 SW 27th Ave Suite, Apt. #, etc. <b>Suite 300</b> City &amp; State <b>miami, FL</b> Zip <b>33133</b> Country <b>USA</b></b>
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08032004 Chg-LLC CR2E083 (10/03)

4. FEI Number <b>33-1085019</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>GARCIA, EDUARDO J 2665 SOUTH BAYSHORE DRIVE, SUITE 200 GRAND BAY PLAZA MIAMI, FL 33133</b>	
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7. Name and Address of New Registered Agent Name <b>Garcia, Eduardo J</b> Street Address (P.O. Box Number is Not Acceptable) <b>Suite 300 Grove Professional Bldg.</b> <b>2950 SW 27th Ave</b> City <b>miami</b> FL Zip Code <b>33133</b>	
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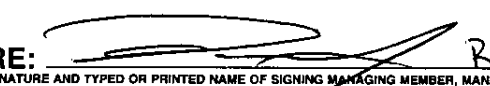
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **Eduardo Garcia** DATE **8-25-04**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$50.00 Due by September 8, 2004</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  **Rolando Delgado** DATE **8-25-04** Daytime Phone # **305-285-0800**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE